

FIG. 1A

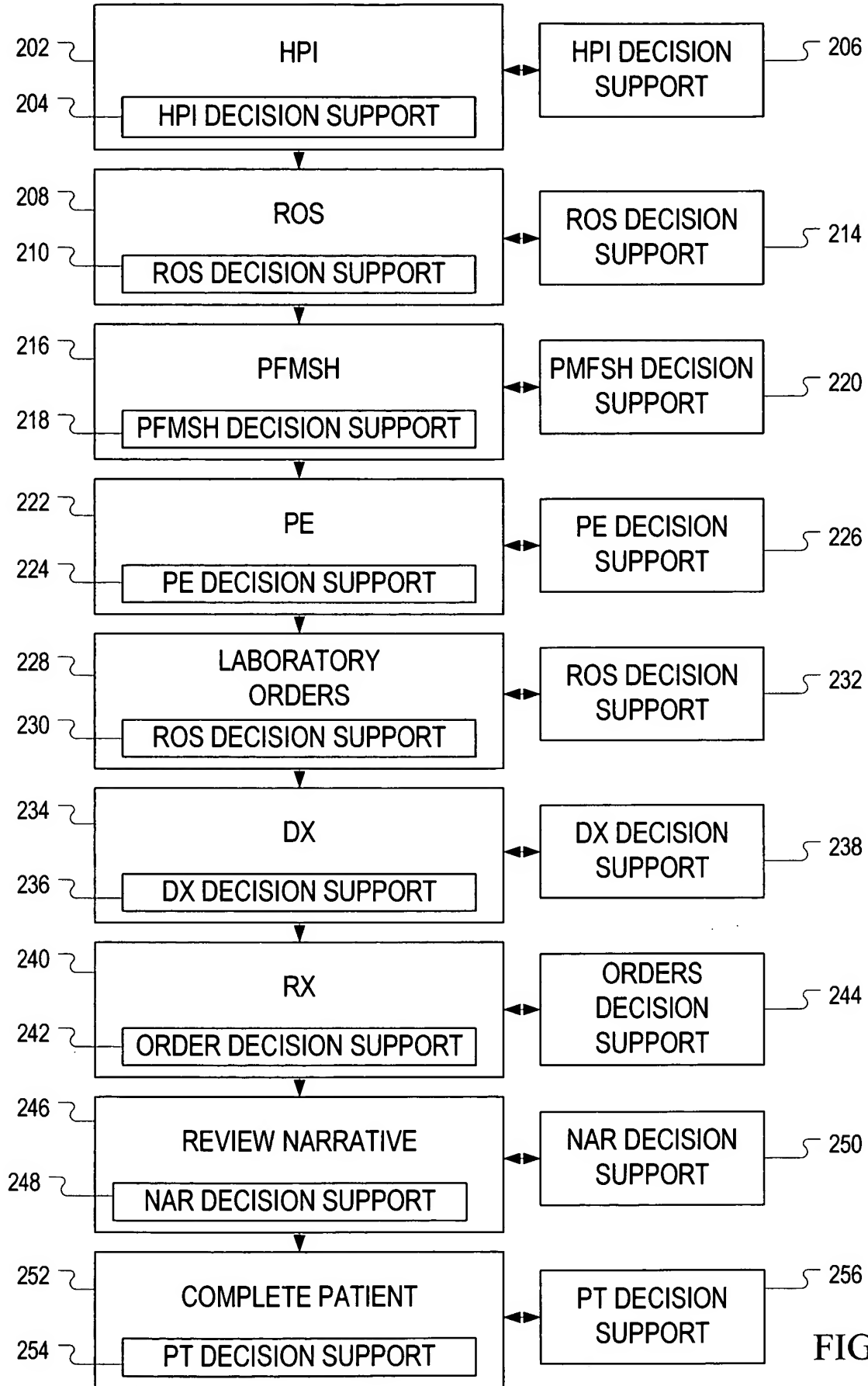


FIG. 1B

**Drug class: antibiotics**

**Arethromycin** *Best practice step 1 for inner ear infection*

Helthinex

Jardiflex

Keflex

Mangilex

Nominex

Penicillin

Select a medication to prescribe.

FIG. 2

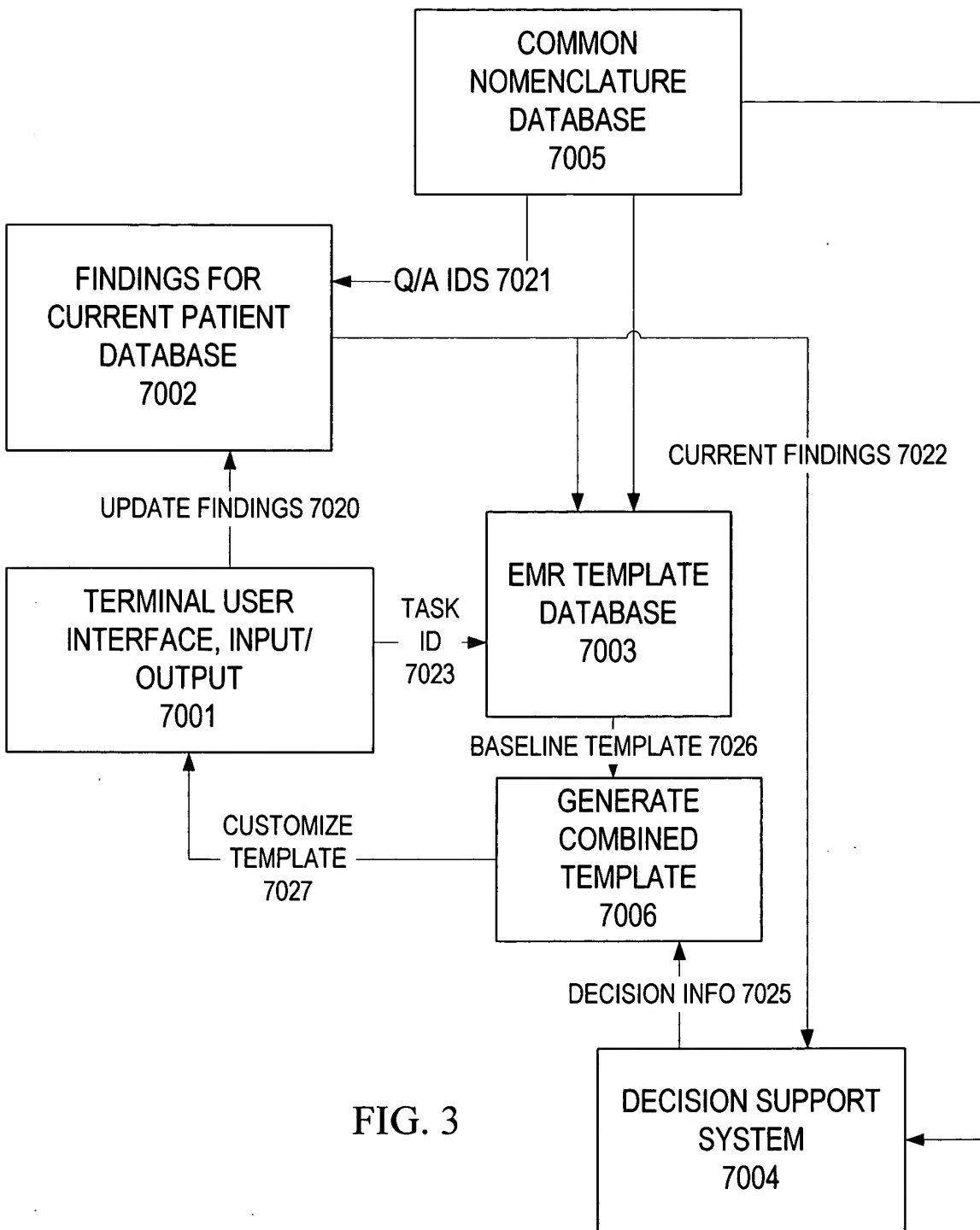



FIG. 3

5/11

**Best practice treatment advisory**  
Recommended step therapy for *inner ear infection*  
**step 1. erythromycin 2tab 250mg bid qty14**  
**step 2. keflex 1cap 500mg qid qty 24**

Drug class: antibiotics

Erythromycin

Hellunex

Jardiflex

Keflex

Mangilex

Nominex

Penicillin

Select a medication to prescribe.

FIG. 4

6/11

**Standard questions/findings: Cardiovascular exam**

Rhythm: ☐ Regular ☐ Irregular

Rate: ☐ Normal ☐ fast ☐ slow

Murmur: ☐ Present ☐ Not Present

Grade: ☐ I/VI ☐ II/VI ☐ III/VI ☐ IV/VI ☐ V/VI ☐ VI/VI

Timing: ☐ early systolic ☐ mid systolic ☐ late systolic ☐ systolic ejection ☐ holosystolic  
☐ diastolic ☐ early diastolic ☐ mid diastolic ☐ late diastolic ☐ holodiastolic  
☐ continuous ☐ machinery-type

Radiation: ☐ Neck ☐ Axilla ☐ Base of heart ☐ Apex of heart ☐ Back ☐ Diffuse ☐ Abdomen

S2: ☐ Present ☐ Not present

S3: ☐ Present ☐ Not present

S4: ☐ Present ☐ Not present

Rub: ☐ Present ☐ Not present

---

**Disease management questions/findings: Cardiovascular exam**

*The virtual consultant suggests that you determine the answer to this important diagnostic question.*

Mediastinal crunch: ☐ Present ☐ Not present

FIG. 5

7/11

**ReCare** Patients Messages Tests Refills Forms Admin

Henry Black History of Present Illness|ROS

**Chest Pain** [O] [O] [T]

**Chief Complaint:** "I am having chest pain."

**Location:** Sub-sternal  
**Quality:** Pressure  
**Severity:** Moderate  
**Radiation:** No  
**Precipitates:** Exertion  
**Alleviates:** Rest  
**Frequency:** One per day in  
**Duration:** Three minutes average  
**Onset:** Five days ago in

**Today's Problems**  
1. Chest pain  
2. Lower back pain

☐ HPI templates

**Active Problems**  
1. Diabetes type II  
2. Hypertension  
3. Hyperlipidemia

**VIRTUAL CONSULTANT**

(a) No alert displayed

**ReCare** Patients Messages Tests Refills Forms Admin

Henry Black History of Present Illness|ROS

**Chest Pain** [O] [O] [T]

**Chief Complaint:** "I am having chest pain."

**Location:** Sub-sternal  
**Quality:** Pressure  
**Severity:** Moderate  
**Radiation:** No  
**Precipitates:** Exertion  
**Alleviates:** Rest  
**Frequency:** One per day in  
**Duration:** Three minutes average  
**Onset:** Five days ago in

**Today's Problems**  
1. Chest pain  
2. Lower back pain

☐ HPI templates

**Active Problems**  
1. Diabetes type II  
2. Hypertension  
3. Hyperlipidemia

**Alert icon**

(b) Alert displayed

FIG. 6

BEST AVAILABLE COPY

8/11

ReCare

Henry Black

Patients

Messages

Tests

Refills

Forms

Admin

History of Present Illness|ROS

HPI

PMH

Med

ALL

PE

TX

DX

Ord

Rx

Exm

Nat

Ref

Chest Pain

oo

T

Chief Complaint: "I am having chest pain."

Location: Sub-sternal

Quality: Pressure

Severity: Moderate

Radiation: No

Precipitates: Exertion

Alleviates: Rest

Frequency: One per day in

Duration: Three minutes average

Onset: Five days ago in

Today's Problems

1. Chest pain

2. Lower back pain

HPI templates

Active Problems

1. Diabetes type II

2. Hypertension

3. Hyperlipidemia

Expand template

Move to ROS

Add individual findings

Review of Systems

Positive ROS

Skin: itching

Neuro: dizziness

Display all systems

Neurological

Psychological

Head

Eyes

Otolaryngeal

Pulmonary

Cardiovascular

Gastrointestinal

Muskuloskeletal

Systemic

Skin

Endocrine

Hematologic

FIG-HP-VC

FIG. 7

BEST AVAILABLE COPY



9/11

ReCare		Patient	Messages	Tests	Refills	Forms	Admin
Henry Black							
<b>Virtual Consultant</b>							
CARDIOLOGY ENT PULMONOLOGY GASTROENTEROLOGY UROLOGY NEPHROLOGY ORTHOPEDIC SURGERY GENERAL SURGEON				DERMATOLOGY NEUROLOGY PSYCHIATRY RHEUMATOLOGY ENDOCRINOLOGY HEMATOLOGY ONCOLOGY			
<b>Virtual Cardiologist</b>							
<b>Suggested Diagnosis</b>							
Highly likely: <u>Ischemic heart disease</u>							
Less likely: <u>cholelithiasis</u> <u>GERD</u>							
<b>Suggested additional questions:</b>							
<input type="checkbox"/> Y <input type="checkbox"/> N Is the chest pain increasing in frequency, severity or duration since it first began?							
<input type="checkbox"/> Y <input type="checkbox"/> N Has nitroglycerin been tried and if so what has resulted?							
<input type="checkbox"/> Y <input type="checkbox"/> N Is the chest pain related to eating or the supine position?							

FIG-PMVC008

FIG. 8

10/11

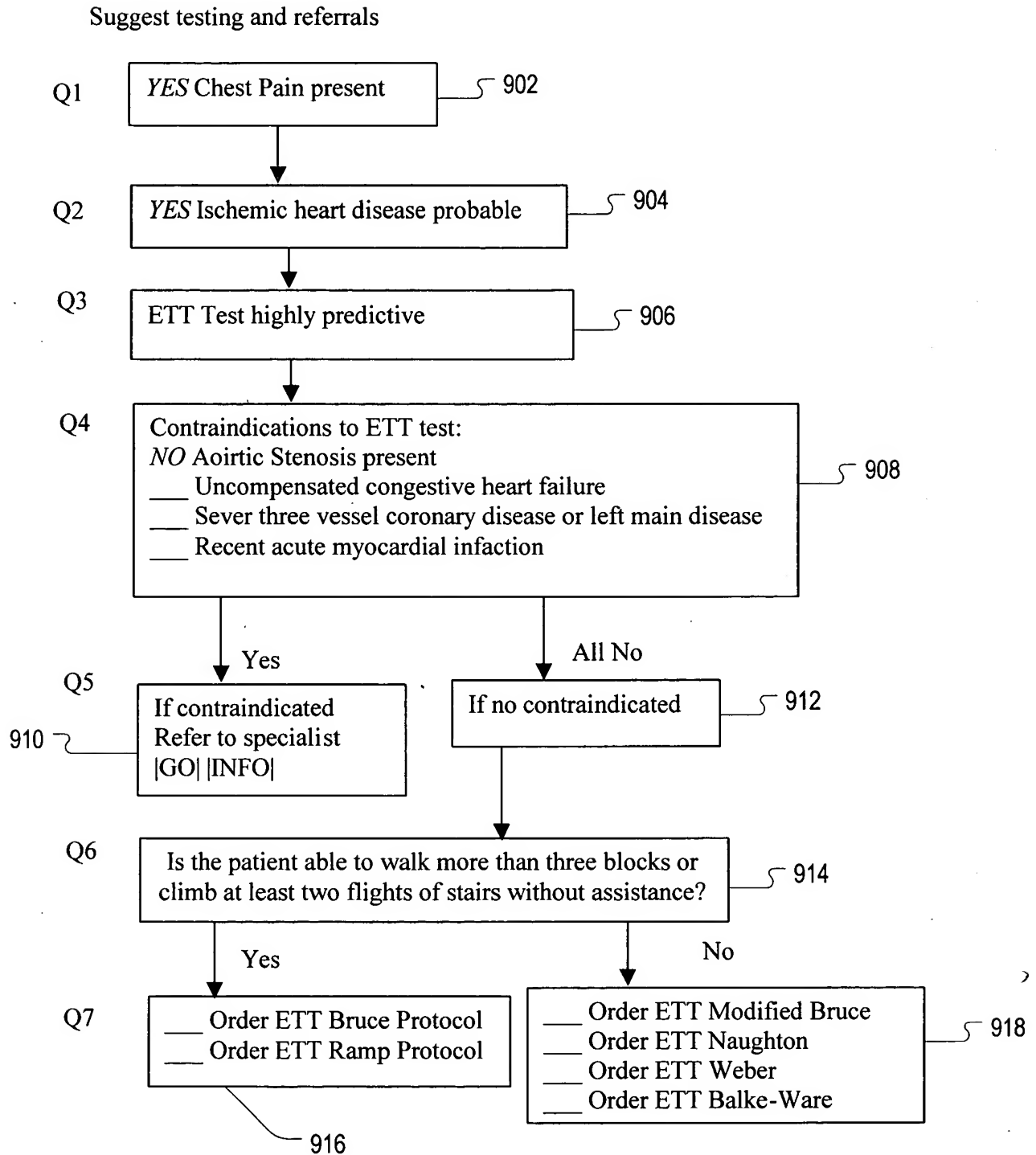


FIG. 9

11/11

